

Work Order ID 85757

85757

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June-14-12 1:59:59 PM

Item ID: D2690-6

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Lanyard Assembly

Start Date: 14/06/2012 Start Qty: 20.00

20

Cust Item ID:

Required Date: 28/06/2012 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/06/14

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D2690

Rev B2

100

0.00

100

Small Fab

Small Fab

Memo

0.00

Small Fab

Assemble as per Dwg D2690 Identify as D2690-6

34 12/06/19

110

QC5- Inspect part completeness to step on W/O

0.00

110

QC

Memo

0.00

Quality Control

34 12/06/19

120

Identify as per dwg & Stock Location: 016

0.00

120

Packaging

Memo

0.00

Packaging

34 12/06/2019

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Page 2

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Accept

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Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

130

QC

Memo

0.00

Quality Control

12/6/20

Y 12-06-20

June-14-12 2:00:07 PM

Page 1

Parent Item: D2690-6

Parent Item Name: Lanyard Assembly

85757

D2690-6

Start Date: 14/06/2012

Required Date: 28/06/2012

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP: CC03.04.04Reformat; Incorporated D2690-XKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
CBL-460		Purchased	No			100	Each	736.0000	2	40			
CRI -460									**				
Loop Sleeve													
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		736							
					121574	736							
CBL-1240		Purchased	No			110	f	362.1417	1	20			
CRI -1240									**				
Cable													
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		362.141659							
					113565	3.911789							
					119021	345.19647							
					119690	13.0334							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>																
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Other <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Offset/Setup									
Other									
Process									
Supplier									
Training									
Unauthorized									

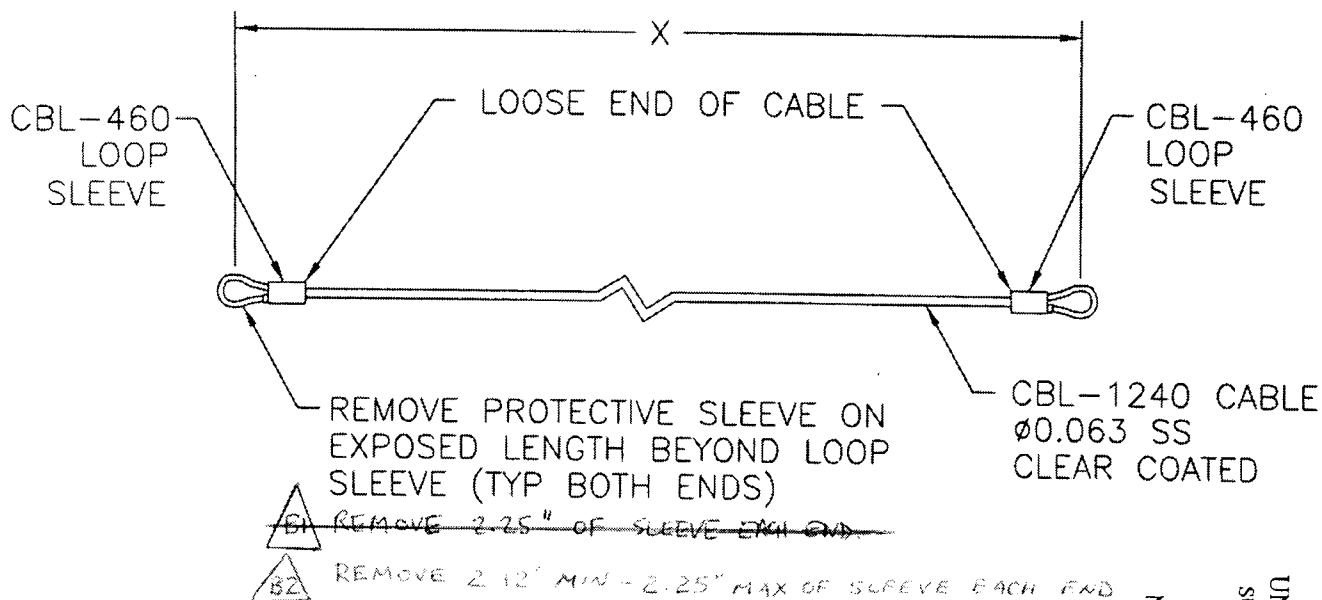
FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending Passes Below Min <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimp at Bending <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Other <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Ripples on Inner Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	Hardware <input type="checkbox"/> Breaking <input type="checkbox"/> Missing <input type="checkbox"/> Size/Length <input type="checkbox"/> Spinning <input type="checkbox"/> Threading <input type="checkbox"/> Wrong Drill Holes <input type="checkbox"/> Misaligned <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Undersized <input type="checkbox"/> Too Many	General <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Documentation/Data <input type="checkbox"/> Finish <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Inspection Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Jigs/Fixtures/Tooling <input type="checkbox"/> Kit Incorrect <input type="checkbox"/> Kit Missing	<input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Off-Set <input type="checkbox"/> Orientation Misread <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Lost <input type="checkbox"/> Part Moved <input type="checkbox"/> Raw Material <input type="checkbox"/> Set-up <input type="checkbox"/> Supplier <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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DESIGN <i>MD</i>	DRAWN BY <i>KE</i>	DART AEROSPACE LTD VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>MD</i>	APPROVED <i>BW</i>	DRAWING NO. D2690	REV. B SHEET 1 OF 1
DATE 97.10.02		TITLE LANYARD ASSEMBLY	SCALE NTS
A	97.07.03	NEW ISSUE	
B	97.10.02	REVISED NOTE FOR ADDITIONAL LENGTH	
B1	IP 01.08.20	ADD NOTE TO REMOVE 2.25" OF SLEEVE	
B2	IP 04.06.24	ADDED TOLERANCE	

RELEASED
971003 KE
TSR 4374



D2690-X

X = LENGTH IN INCHES

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 85757
12/06/14
MCS

NOTE: CUT CABLE 2.50* INCHES LONGER THAN 'X' LENGTH.
FOLD ENDS TIGHT TO 'X' LENGTH AND CRIMP WITH
SLEEVE AT END OF LOOSE END OF CABLE WITH
CBL-705 CRIMPING TOOL.
*ADDITIONAL LENGTH MAY BE NECESSARY IN
SOME APPLICATIONS. CUT AS REQUIRED.

NOTE: IN SOME CASES, END HAS TO BE CRIMPED AFTER
ASSEMBLY WITH ATTACHING PARTS.

DEO's